

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that you missed your scheduled follow-up appointment on [Date of Missed Appointment] at [Urgent Care Name].

This follow-up was recommended regarding your recent visit on [Date of Initial Visit] for [Reason for Visit/Condition]. It is important to complete this evaluation to ensure your condition is improving and to adjust your treatment plan if necessary.

Please contact us as soon as possible at [Phone Number] to reschedule your appointment. If you have already sought follow-up care with your primary care physician or another provider, please let us know so we can update your medical records.

If you are experiencing a medical emergency, please call 911 or go to the nearest emergency room immediately.

Sincerely,

[Provider Name or Clinic Manager]

[Urgent Care Name]

[Phone Number]